

**STATE OF NEW JERSEY
DIVISION OF TAXATION**

MOTOR FUEL TAX

PO BOX 189

Trenton, New Jersey 08695-0189

Application Required by
NJ Motor Fuel Tax Law

APPLICATION FOR IMPORTER'S LICENSE

Application is hereby made by the undersigned for a Importer's License to operate in the State of New Jersey in compliance with Chapter 39 of Title 54, Taxation, of the Revised Statutes and the Acts amendatory thereof and supplemental thereto. This license is for a period of three (3) years. A payment of the fee of \$450.00 must accompany this application. Every Importer's License is subject to the filing of a bond in such form and amount as provided by law. Make check or money order payable to: STATE OF NEW JERSEY-MFT.

1. FID # - OR Soc. Sec. # of Owner - -

2. Name _____
(IF INCORPORATED - give Corp. Name; IF NOT - give Last name, First Name, MI of Owner(s))

3. Trade Name _____

4. Business Location:

Street _____

City _____ State

Zip Code -

(Give 9-digit Zip)

5. Mailing Name and Address - (if different from business address)

Name _____

Street _____

City _____ State

Zip Code -

(Give 9-digit Zip)

6. Beginning Date for this business in New Jersey _____ / _____ / _____
Month Day Year

7. Type of Ownership (check one):

☐ NJ Corporation ☐ Sole Proprietor ☐ Partnership ☐ Out-of-State Corporation ☐ Limited Partnership

☐ Other - explain _____

8. Telephone Numbers: Contact Person _____ Title _____

Daytime: () _____ - _____ Ext _____ Evening: () _____ - _____ Ext _____

9. IF A CORPORATION, complete the following:

Date of Incorp. _____ / _____ / _____ State of Incorp.
Month Day Year

10. Provide the following information for **ALL** owners, partners or responsible corporate officers. (If more space is needed, attach rider).

NAME (Last Name, First, M.I.)	SOCIAL SECURITY NUMBER	HOME ADDRESS	% OWNED
	TITLE	(Street, City, Zip)	

n **NOTE:** On a separate sheet of paper provide the name of stockholders owing 10% or more of the outstanding shares of stock in the corporation.

11. List parent company, wholly owned subsidiaries, and/or any affiliates _____

12. Give name, title, and telephone number of person charged with the duty of filing motor fuels tax reports and location where reports are prepared and records kept _____

13. Give name, title and address of agent in New Jersey or registered New Jersey agent on whom service may be made (must be documented by letter from agent) _____

NOTE: Question 13 must be completed by out-of-state businesses

14. Attach one copy each of CERTIFIED FINANCIAL STATEMENTS for the last two fiscal years. Newly established companies should attach letter(s) from bank or other financial institution providing credit references for new company
15. List all suppliers of motor fuel. A copy of the contract from each supplier must be attached indicating type of product and where provided by supplier

16. Is applicant a licensed distributor or exporter in another state or foreign country? Please indicate state, license number, and point of contact in each state (to include name and telephone number). Additionally, please attach a copy of each license. If applicant is a foreign importer, include copy of US customs permit. _____

17. Does applicant hold a Federal Form 637? If so, identify the issuing IRS District Office, provide copy of 637 certificate and also copies of applicant's last two quarterly Form 720 reports filed with the IRS. _____
18. Does applicant hold any other New Jersey Motor Fuels License? If yes, explain _____

19. Has applicant or any related party ever had a New Jersey Motor Fuel License denied, suspended, canceled or revoked in New Jersey or any other jurisdiction? If yes, explain: _____
20. Does applicant have any outstanding liability or litigation? If yes, explain _____

21. Indicate below the maximum number of gallons of motor fuels that you expect to import into this state and the maximum number of gallons of motor fuels you expect to purchase within this state in any month.
EXPORTS _____ Gal. NJ PURCHASES _____ Gal. TOTAL HANDLE _____ Gal.
- NOTE:** An "exchange" or "book transfer" of gasoline in this State is a purchase and or sale and must be reported by seller and purchaser. Reference: N.J.S.A. 54:39-7.
22. Type of products to be handled and percentage of each.
_____ % _____ % _____ %
23. Describe in detail applicant's planned activity and need for this license _____

24. Indicate below by which type of carrier you expect to receive/import motor fuels into this State.
☐ Tanker ☐ Pipeline (provide copy of agreement) ☐ Barge ☐ Tank Car ☐ Tank Truck
25. List below each manufacturing plant, wholesale plant (to include any leased storage) and retail station operated in New Jersey. Designate each by using "W" for wholesale, "R" for retail and "L" for leased. (If more space is needed, attach rider)

Location	Class - M, W, R, L	Number of Tanks	Total Capacity Gallons

26. Qualification for an Importer License may be predicated upon applicant meeting the test of an Importer. An Importer is a person who brings gasoline into this state in his own vehicles, or who hires a common carrier to transport the product, and who has full ownership, possession, custody, control and direction of the gasoline while in transit into this State. Title to gasoline cannot change while in transit in a pipeline.
- a. Will applicant's imports qualify as defined above? ☐ YES ☐ NO
27. Is applicant registered for Petroleum Products Gross Receipts Tax as required by the Act? ☐ YES ☐ NO
28. Is applicant registered with the Division of Taxation for any other New Jersey State taxes? ☐ YES ☐ NO
29. The undersigned applicant states, (under penalty of perjury), that all the information contained in this application is true and accurate in every particular.

Name of Applicant

Signature of Owner, Partner or Officer

Title Date

*The information submitted will assist this office in the processing of your license request.
The Division of Taxation reserves the right to conduct a thorough investigation prior to issuing this license.*

FOR DIVISION USE ONLY

License No. _____

Investigation initiated _____

Effective Date _____

Investigation completed _____

Approved _____

Recommendations: _____